



**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

THIS AREA FOR OFFICIAL USE ONLY

**Statement of Dissolution
FOR ELECTED OFFICIALS, CANDIDATES AND
POLITICAL ACTION COMMITTEES**

FILED

MAY 06 2019

SCOTT W. HASSELL
JUDGE OF PROBATE

Please Print in Ink or Type.

Report Status (check one)

Name of Candidate or Elected Official, or Political Committee <i>Eva Timmons</i>			
Office Sought or Held (include district or circuit number, if applicable) <i>BOE District 1</i>			
Address <input type="checkbox"/> Check box if reporting new address <i>500 Hillmont</i>			
City <i>Gadsden</i>	State <i>Al</i>	ZIP Code <i>35903</i>	Telephone Number <i>256 5470677</i>

- No report required because I have had no activity since the last reporting period
- Termination report attached

Note:

If you have had activity since the last report filed, you are responsible for filing the requisite **Annual Report** covering the last year of activity. However, the submission of a **Termination Report** along with the **Statement of Dissolution** will satisfy this requirement.

This statement dissolves the above-named Principal Campaign Committee or Political Action Committee as of the 22nd day of April in the year 2019.

Pursuant to §17-5-7(a) [Code of Alabama, 1975], any excess funds shall be disposed of in the following manner:

As required by the Alabama Fair Campaign Practices Act, I hereby swear, or affirm, to the best of my knowledge and belief that this Statement of Dissolution is true and correct.

Eva Timmons _____ 4-22-19
Signature of Candidate or Elected Official, or Chairperson or Treasurer of Political Committee Date



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1A

Please Print in Ink or Type.

Name of Candidate or Elected Official <i>Eva Timmons</i>		Political Party/Ballot Affiliation <i>Dem</i>	
Office Sought or Held (include district or circuit number, if applicable) <i>BOE District 1</i>			
Address <input type="checkbox"/> Check box if reporting new address <i>500 Hillmont Av.</i>			
City <i>Gadsden</i>	State <i>Al</i>	ZIP Code <i>35903</i>	Telephone Number <i>256 547-0677</i>

Calendar Year covered by this report. *2019*

Amended Annual Report
 Termination Report

Total Pages in Report
Include this page in your count.

SECTION I - Summary of activity from last filed report through December 31 of reporting year

1	Beginning balance (ending balance from previous filing)		1	<i>-0-</i>
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a		<i>-0-</i>
2b	Non-itemized cash contributions	2b		<i>-0-</i>
2c	Total cash contributions (add lines 2a and 2b)		2c	<i>-0-</i>
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a		<i>-0-</i>
3b	Non-itemized in-kind contributions	3b		<i>-0-</i>
3c	Total in-kind contributions (add lines 3a and 3b)	3c		<i>-0-</i>
Receipts from Other Sources				
4a	Itemized receipts from other sources (total from Form 4)	4a		<i>702.59</i>
4b	Non-itemized receipts from other sources	4b		<i>0</i>
4c	Total receipts from other sources (add lines 4a and 4b)		4c	<i>702.59</i>
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a		<i>702.59</i>
5b	Non-itemized expenditures	5b		<i>-0-</i>
5c	Total expenditures (add lines 5a and 5b)		5c	<i>702.59</i>
Expenditures on Line of Credit				
6a	Itemized expenditures on line of credit (total from Form 6)	6a		<i>-0-</i>
6b	Non-itemized expenditures	6b		<i>-0-</i>
6c	Total expenditures on line of credit (add lines 6a and 6b)	6c		<i>-0-</i>
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		7	

SECTION II - Summary of activity for entire reporting year - January 1st through December 31st

8	Beginning balance (as of January 1 of reporting year)		8	<i>702.59</i>
9	Total cash contributions for year		9	<i>-0-</i>
10	Total in-kind contributions for year	10		<i>-0-</i>
11	Total receipts from other sources for year		11	<i>702.59</i>
12	Total expenditures for year		12	<i>702.59</i>
13	Total expenditures on line of credit for year	13		<i>-0-</i>
14	Ending balance (add lines 8, 9, & 11, then subtract line 12)		14	<i>-0-</i>
15	Total campaign debt (total debt owed as of December 31)	15		<i>-0-</i>

As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required information during the applicable period of time.

Eva J. Timmons
Signature of Candidate or Elected Official

5/6/19
Date

Sworn to and subscribed before me this *6th* day of *May* of the year *2019*. My commission expires the *7th* day of *March* of the year *2021*.

Charles Cunningham
Signature of Notary Public

Charles Cunningham
Print Notary's Name

FORM REVISED 5.24.2017

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

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FORM 3: In-Kind Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Eva Timmons

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.
DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)										SOURCE (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other					
<u>None</u>																		
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE																	\$0.00	

